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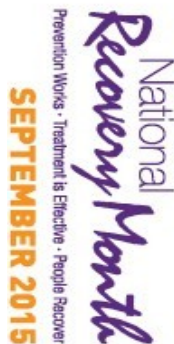
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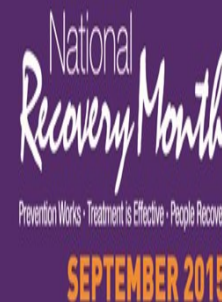
Event Sponsors

Dick's Sporting Goods
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Hermes



ADAS Board of Lorain County
4950 Oberlin Ave.
Lorain, Ohio 44053

visible,
vocal,
valuable!



In
Celebration of National
Recovery Month . . .

The Alcohol and
Drug Addiction
Services Board of
Lorain County

invites you to join us
for

Lorain County's
Voices for Recovery

10th Annual!

5K FAMILY RUN

1 MILE WALK

September 26, 2015
Lorain County
Metro Parks

National Recovery Month

The 26th annual National Alcohol and Drug Addiction Recovery Month is a commemoration that will occur in cities, and towns (big and small) nationwide. We celebrate and recognize the valiant efforts of people who are in recovery from alcohol and drug addiction and mental illness disorders.

This year's theme is:

"Visible, Vocal, Valuable"

5K Family Run/Walk

The main event will be a 5K (3.1 mile) run /1 mile walk through the beautiful Lorain County Metro Parks. The Course will begin at the Bur Oak Pavilion, follow along the Bridgeway all-purpose trail to the tram turnaround and then back to the finish line at Bur Oak.

Other activities that day will be a children's fun run (ages 9 and under), food, beverages, children's activities, raffle prizes and an awards ceremony.

What better way to celebrate recovery than a family friendly event that promotes health and fitness?

The race will be professionally managed by **Hermes Sports and Events** and include official timing, race results, race clock and runners bibs.



Race Day Schedule

Saturday, September 26, 2015

Bur Oak Pavilion in the Black River Reservation
1350 Ford Road, Elyria, OH 44035

8:00 a.m.	Race-day Registration
8:45 a.m.	Kids Race (9 and under-free)
9:00 a.m.	5K Run /1 Mile Walk
10:00 a.m.	Awards Ceremony and Brunch

Free parking is available near the Bur Oak Pavilion

Registration & Entry Fees

Registration & Fees
(T-Shirt to all pre-registered participants)

Pre-Registration

- Individuals are \$20.00
- Families are \$20.00 for 1st person & \$10.00 each additional family member. (*Mail-in only, mail family entries together, one form per person.)

Mail in Registration

(must be received by **Wednesday, September 23, 2015**)
Complete the entry form and mail with a check payable to:

Hermes Sports & Events
2425 West 11th St., Suite #2
Cleveland, OH 44113
(216) 302-3524

Online Registration

www.hermescleveland.com
Deadline: Friday, September 25, 2015, 9:00 am.

Race Day Registration

- Individuals are \$25.00
- Families are \$25.00 for 1st person & \$10.00 each additional family member



Age Groups/Results/Awards

We're on Facebook!

www.facebook.com/adasloraingcounty

Age Groups

9 & under/ 10-13 / 14 -16 / 17-19 / 20-24 / 25-29 / 30-34
35-39 / 40-44 / 45-49 / 50-54 / 55-59 / 60-64 / 65 and over

Results

Results will be posted on the
ADAS Board website (www.lorainadas.org) and
Hermes Sports & Events (www.hermescleveland.com).

Awards

Awards will be presented to the overall male and female finisher and the top three male and female finishers in each age category.

\$50 Dick's Sporting Goods Gift Certificate to overall male and female finishers.

5K Family Run/Walk Entry Form

(Pre-Registration deadline: received by Wednesday, September 23, 2015)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

T-Shirt Size (Circle) S M L XL XXL

Event: 5K Run ☐ 1 Mile Walk ☐

Male ☐ Female ☐ Birth Date _____ Age _____

Amount Enclosed \$ _____

I hereby acknowledge that running is a strenuous physical activity. I understand that prior to participating in this event, I should consult with my physician and if I choose not to do so, I am relying upon my own knowledge and experience regarding my personal condition and ability to participate in a 3.1 mile run or 1 mile walk. My signature below indicates that I, for myself, my executors, administrators, and assigns, hereby release the Alcohol and Drug Addiction Services Board of Lorain County, Hermes Sports and Events, and its representatives who are in any way involved in the sponsorship or conduct of this event from any and all claims, demands or causes of actions for loss, injury or damage whatsoever arising out of my participation in this event on September 26 2015. I understand that promotional pictures may be taken during this event. I give permission for my picture to be used for promotional materials (newsletter, web page, brochures, posters, etc.) in highlighting the event.

Signature/Date (parent or guardian signature if under 18)

Support Treatment & Prevention

I would like to support treatment and prevention for addiction disorders and mental illness by:

_____ Making a donation in honor of someone in recovery.

_____ Enclosed is my donation of \$ _____

_____ Adding my name to those supporting recovery advocacy in my community.

*If only making a donation, submit directly to:
ADAS Board, 4950 Oberlin Ave. Lorain OH 44053.